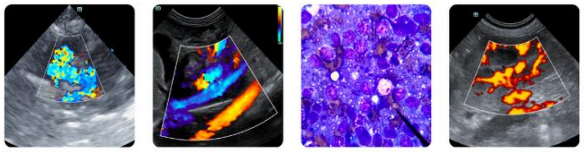
New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.SonoPath.com
info@sonopath.com 800.838.4268

PATIENT
Neo Levy

SPECIES
Canine

BREED
Mini Poodle

SEX
MN

AGE
7yr

WEIGHT
14lb

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Kerri Becker

HOSPITAL NAME
Farview AC

REFERRING VET
Dr Mosaad

INVOICE
23517

DATE
01/12/2026

PRESENTING CLINICAL SIGNS

Coughing over last month- getting worse. Rads show positive for trachea hypoplasia vs. asthma.

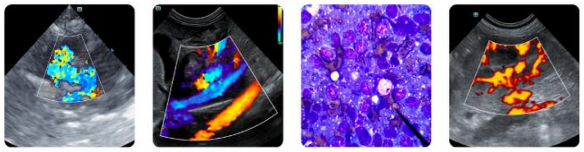
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO M-mode	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	--	1.45	35	68	0.1
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**LAD** LA MAX 4 Chamber	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	119	1.4	0.9	14lb	2.2	2.1	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 separate methods of LA evaluation. The cranial and caudal mitral valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. No overt MR on Doppler. The left ventricle presented thicknesses with linear contour and was not dilated nor restricted. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. No overt TR on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity.

No visible pericardial or free pleural fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of overt masses in the visible window. Right peripheral lung, potential consolidation +/- air entrapment present. No evidence of hepatic congestion with transdiaphragmatic mild comet tail artifact.



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ULTRASONOGRAPHIC FINDINGS

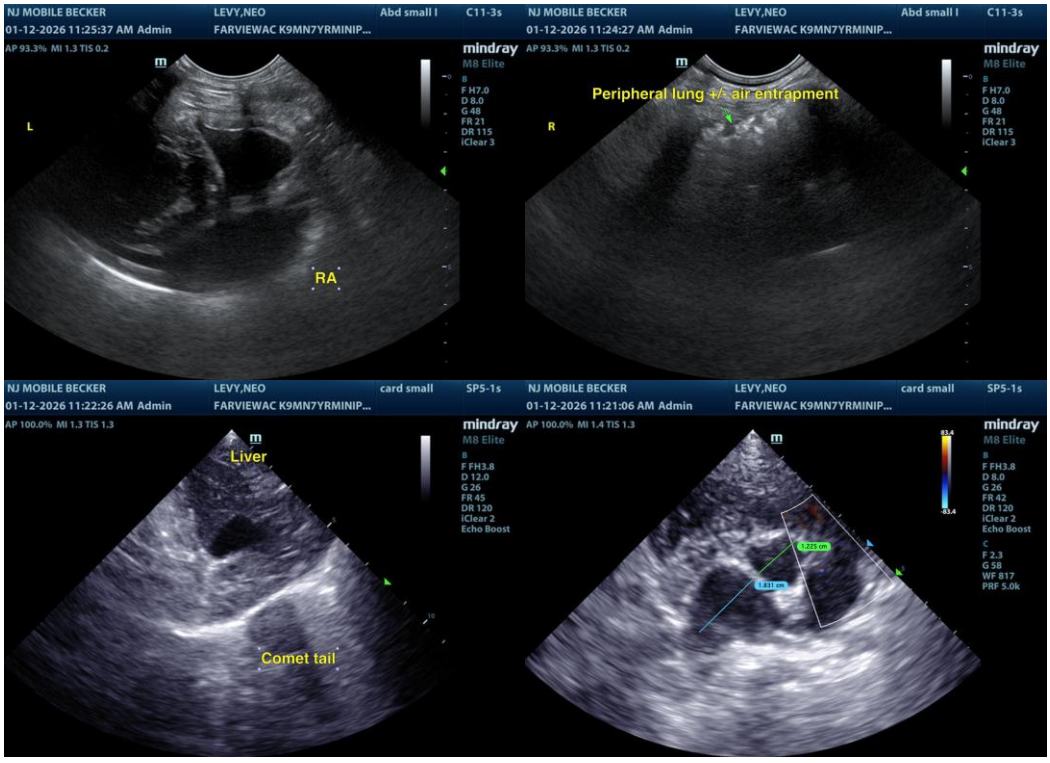
Primary

- Normal echocardiogram.
- Right thorax possible peripheral consolidated lung +/- air entrapment.
- Non-congested liver with mild transdiaphragmatic comet tail artifact.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural /functional cardiomyopathy as a contributing factor to the patient's respiratory signs, including no evidence of pulmonary hypertension. Non-specific primary pulmonary disease, i.e. inflammation, infection, pneumonia, fungal disease, neoplasia, etc., all potentials.

Correlation with three view chest radiographs and consideration for potential peripheral lung FNA sampling or additional lower airway diagnostics for further clarification is recommended. No indication for cardiac medications with empirical respiratory therapy based on clinical impression recommended.



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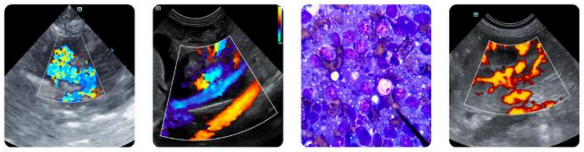

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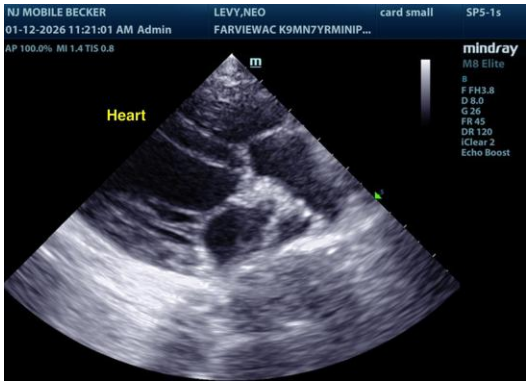

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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